

FILED JUN 2 1942 791

Registration District No. Primary Registration District No. 10

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: Birmin Desloge
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 days
(Specify whether
In this community 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 96
(a) State Missouri (b) County St. Louis
(c) City or town Wellston N.R.
(If outside city or town limits, write "RURAL")
(d) Street No. 6427 Chatham
(If rural, give location)
(e) Citizen of foreign country? None (Yes or No)
If yes, name country 1

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Smith, Roscoe Kirby Sr.

20. DATE OF DEATH: Month May day 17
year 1942 hour 11 minute 58 M.

3. (b) If veteran, name war None 3. (c) Social Security No. 337-01-8036

21. I hereby certify that I attended the deceased from May 1
1942 to May 17, 1942
that I last saw him alive on May 17, 1942
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (e) Single, widowed, married, divorced married

Immediate cause of death Demerol from neck Duration 20 min.

6. (b) Name of husband or wife Margherite Smith 6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased July 27 1893
(Month) (Day) (Year)

Due to Carcinoma of neck
Due to Recurrent carcinoma of former carcinoma of larynx
Other conditions (Include pregnancy within 3 months of death)

8. AGE: Years 49 Months 09 Days 20 If less than one day — hr. — min.

PHYSICIAN
Major findings: Laryngectomy - 2-26-35
Of operations had carcinoma
Of autopsy

9. Birthplace Desloge Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Telegrapher

11. Industry or business Telephone Workers Union

12. Name Kirby Smith

13. Birthplace Wellston Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ann Grenstedt

15. Birthplace Wellston Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Belle Smith

(b) Address 5500 Delmar Ave. St. Louis

17. (a) Burial (b) Date thereof 5/12/42
(Burial, cremation, etc.) (Month) (Day) (Year)

(c) Place: burial or cremation Walsh's Cemetery

18. (a) Signature of funeral director Hanson-Bocklage

(b) Address 6526 Clayton Road

19. (a) MAY 20 1942 (b) J. F. Bredel
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (Specify type of place)
(e) Means of injury 0

23. Signature N. H. Boverman (M. D.)
Address Birmin Desloge Hosp. Date: signed May 19, 1942

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

00
17
9

23

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

J. G. Sullivan

Licensed Embalmer No.....

1122

P. O. Address.....

City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.